

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/540123

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2		/		/		
3		/		/		
4		2		2		
5						
6						
7			2			
8				1		
9						
10					1	
11					1	
12					1	
13					1	
14					1	
15					1	
16					1	
17					1	
18					1	
19					1	
20					1	
21					1	
22					1	
23					1	
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49						
50						
TOTAL IND.	1	↓	1	↓		↓
TOTAL DEP.	23	←	28	←		←
TOTAL CLAIMS	24	[REDACTED]	29	[REDACTED]	[REDACTED]	[REDACTED]

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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98						
99						
100						
TOTAL IND.					↓	
TOTAL DEP.					↓	
TOTAL CLAIMS					↓	